## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

plication or Docket Number

09/980060

|   |  |                                      |                                     |                      |                                 |                  |       | SMALL ENTITY                            |                        | OTHER THAN      |                    |                        |         |
|---|--|--------------------------------------|-------------------------------------|----------------------|---------------------------------|------------------|-------|---|------------------------|-----------------|--------------------|------------------------|---------|
|   |  |                                      | (Column 1)                          |                      | (Column 2)                      |                  |       | TYPE                                    |                        | OR SMALL ENTITY |                    |                        |         |
| TOTAL CLAIMS  |  |                                      |                                     |                      |                                 |                  |       | RATE                                    | FEE                    | ŀ               | RATE               | FEE OCTA               |         |
| FOR   |  |                                      | NUMBER FILED                        |                      | NUMBER EXTRA                    |                  |       | BASIC FEE                               |                        | OR              | BASIC FEE          | 890                    |         |
| TOT   | AL CHARGEAB                                    | LE CLAIMS                            | /台minus 20=                         |                      | • -                             |                  | - 40- | X\$ 9=                                  |                        | OR              | X\$18=             |                        |         |
| INDE  | PENDENT CL                                     | IMS.                                 | 2 minus 3 =                         |                      | * -                             |                  |       | X42=                                    | - 1                    | OR              | X84=               |                        |         |
| MUL   | TIPLE DEPEND                                   | DENT CLAIM PR                        | +                                   |                      |                                 |                  | +140= |   | OR                     | +280=           |                    |                        |         |
| * if t  | ne difference i                                | n column 1 is l                      | less than zero, enter "0" in col    |                      |                                 | olumn 2          |       | TOTAL                                   |                        | OR              | TOTAL              | 890                    |         |
| CLAIMS AS AMENDED - PART II   |  |                                      |                                     |                      |                                 |                  |       | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |                 |                    |                        |         |
|   |  | (Column 1)                           |                                     | (Colu                |                                 | (Column 3)       | _     | SMALL                                   | .141111                |                 |                    |                        | ļ       |
| IT A  |  | CLAIMS<br>REMAINING<br>AFTER         |                                     | HIGH<br>NUM<br>PREVI | BER<br>OUSLY                    | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |                 | RATE               | ADDI-<br>TIONAL<br>FEE |         |
| AMENDMENT   | Total  | AMENDMENT /3                         | Minus                               | ** A                 | 70<br>70                        | =                | 1     | X\$ 9=                                  |                        | OR              | X\$18=             |                        |         |
| MEN   | Independent                                    | · み                                  | Minus                               | ***                  | 3                               | = .              |       | X42=                                    |                        | OR              | X84=               |                        |         |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                      |                                     |                      |                                 |                  |       | +140=                                   |                        | OR              | +280=              |                        |         |
|   |  |                                      |                                     |                      |                                 |                  |       | TOTAL                                   |                        |                 | TOTAL              |                        | 1       |
|   |  |                                      |                                     |                      |                                 |                  |       | ADDIT: FEE                              |                        | OR              | ADDIT. FEE         |                        | 1       |
|   |  | (Column 1)                           |                                     | (Colu                | mn 2)                           | (Column 3        | 3)    |   |                        | _               |                    |                        | ┛       |
| NT B  |  | CLAIMS REMAINING AFTER AMENDMENT     |                                     | NUI<br>PREV          | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |                 | RATE               | ADDI-<br>TIONAL<br>FEE |         |
| OME   | Total  | *                                    | Minus                               | **                   |                                 | =                |       | X\$ 9=                                  |                        | OR              | X\$18=             |                        | 1       |
| AMENDMENT   | Independent                                    | k                                    | Minus                               | ***;                 |                                 | =                |       | X42=                                    |                        | OR              | X84=               |                        |         |
| <b> </b>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                      |                                     |                      |                                 |                  | ل     | +140=                                   |                        | OR              | +280=              |                        |         |
|   |  |                                      |                                     |                      |                                 |                  |       | TOTAL<br>ADDIT, FEE                     |                        | OR              | TOTAL<br>ADDIT FEE |                        | 1       |
|   |  | (Caluma 1)                           |                                     | (Coli                | umn 2)                          | (Column 3        | 31    | A0011.1 EE                              |                        |                 |                    |                        |         |
| <b> </b>  |  | (Column 1) CLAIMS                    |                                     |                      | HEST                            | 100.0            |       |   | ADDI-                  | 7               |                    | ADDI-                  | ٦       |
| N<br>N  |  | REMAINING AFTER AMENDMENT            |                                     | PRE                  | MBER<br>/IOUSLY<br>D FOR _      | PRESENT<br>EXTRA |       | RATE                                    | TIONAL<br>FEE          |                 | RATE               | TIONA<br>FEE           |         |
| AMENDMENT   | Total  | •                                    | Minus                               | **                   |                                 | =                |       | XS 9=                                   | 1                      | OF              | X\$18=             |                        |         |
| N EN  | Independent                                    | *                                    | Minus                               | APR                  |                                 |                  | _     | X42=                                    |                        | OF              | X84=               |                        |         |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                      |                                     |                      |                                 |                  |       |   |                        | 7               |                    |                        |         |
| 1   | <del></del>                                    |                                      |                                     | 4                    |                                 |                  |       | +140=                                   |                        | OF              | +280=              |                        |         |
| * If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.  □ If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |                                      |                                     |                      |                                 |                  |       | TOTAL                                   |                        | OF              | TOTA               |                        |         |
| 1   | At the waterboard She                          | umber Previously<br>umber Previously | Paid For" IN THI<br>Paid For" IN TH | IS SPAC<br>IS SPAC   | E is less t<br>E is less t      | han 20, enter *3 | ۶,    | ADDIT, FEE                              |                        |                 | ADDIT. I L         | E <b>L</b>             | 7       |
|   | The "Highest Nu                                | mber Previously P                    | Paic Total c                        | or Indepe            | ndent) is t                     | he highest nur   | nber  | found a                                 | ppropriate b           | ox in           | column 1.          |                        |         |
| 1   |  |                                      | ·                                   |                      |                                 |                  |       | harT bor tooled                         |                        |                 |                    | or coulder             | <u></u> |